

## PATENT

Docket:

**COMBINED DECLARATION AND POWER OF ATTORNEY**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type: (check one applicable item below)

- ☐ original  
☐ design  
☐ supplemental

Note: If the Declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.

- ☒ national stage of PCT

Note: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional  
☐ continuation  
☐ continuation-in-part (CIP)

**INVENTORSHIP IDENTIFICATION**

**WARNING:** If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**CHAIR INCORPORATING AIR CUSHIONS**SPECIFICATION IDENTIFICATION**

the specification of which: (complete (a), (b) or (c))

- ☐ (a) is attached hereto.  
☐ (b) was filed on \_\_\_\_\_ as ☐ Serial No. \_\_\_\_\_ or ☐ Express Mail No. (as Serial No. not yet known) \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

Note: Amendments filed after the original papers are deposited with the PTO that contain new matter are not accorded a filing date by being referred to in the Declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental Declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

- ☒ (c) was described and claimed in PCT International Application No. PCT/AU99/00094 filed on 18/2/99 and as amended under PCT Article 19 on \_\_\_\_\_ (if any).

**ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56,

*(also check the following items, if desired)*

- ☐ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and
- ☐ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.

**PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))**

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

*(complete (d) or (e))*

- ☐ (d) no such applications have been filed.
- ☒ (e) such applications have been filed as follows.

*Note: Where item (c) is entered above and the international application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.*

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION  
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day/month/year)	PRIORITY CLAIMED UNDER 35 USC 119
AU	PP3111	18/2/99	<input checked="" type="checkbox"/> YES    NO <input type="checkbox"/>
			<input type="checkbox"/> YES    NO <input type="checkbox"/>
			<input type="checkbox"/> YES    NO <input type="checkbox"/>
			<input type="checkbox"/> YES    NO <input type="checkbox"/>
			<input type="checkbox"/> YES    NO <input type="checkbox"/>

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)  
(34 U.S.C. § 119(e))**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER	FILING DATE

**ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

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*Note: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.*

**POWER OF ATTORNEY**

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith (list name and registration number).

Thomas F. Peterson, 24790; Richard J. Streit, 25765; Timothy J. Keefer, 35567; Dennis K. Scheer, 39356; Douglas S. Rupert, 44434; Steven L. Schmid, 39358; Paul B. West, 18947; Joseph H. Handelman, 26179; Peter D. Galloway, 27885; John Richards, 34503; Iain C. Baillie, 24090; Richard P. Berg, 28145

- ☐ Attached, as part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

**SEND CORRESPONDENCE TO:**

Thomas F. Peterson  
c/o Ladas & Parry  
224 South Michigan Avenue  
Chicago, Illinois 60604

**DIRECT TELEPHONE CALLS TO:**

(Name and telephone number)

(312) 427-1300

**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

Note: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor.

Peter Alan Smith  
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature Peter Alan Smith

Date 14/08/2000 Country of Citizenship Australia

Residence 3/19-21 Wilson Street Botany NSW 2019 Australia

Post Office Address As Above

Full name of second joint inventor, if any

\_\_\_\_\_  
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of third joint inventor, if any

\_\_\_\_\_  
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

## PATENT REGISTRATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Peter Alan Smith  
 Pat. No. :  
 Dated :  
 Serial no. :  
 Filed :  
 For : Chair Incorporating Air Cushions  
 Group Art Unit :  
 Examiner :  
 Docket :

The Commissioner of Patents and Trademarks  
 Washington, D.C. 20231

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
 STATUS (37 CFR 1.9(c-f) and 1.27(b-d))**

With respect to the invention described in

- ☐ the specification filed herewith.  
☒ application serial no. PCT/AU99/00094 filed 18/2/99  
☐ patent no. issued

**I. IDENTIFICATION OF DECLARANT AND RIGHTS AS A SMALL ENTITY**

I hereby declare that I am

**(a) Independent Inventor**

- ☒ a below named independent inventor and that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code to the Patent and Trademark Office.

**(b) Non-Inventor Supporting a Claim By Another**

- ☐ making this verified statement to support a claim by for a small entity status for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code and I hereby declare that I would qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under 41(a) and (b) of Title 35, United States Code, if I had made the above identified invention.

**(c) Small Business Concern**

- ☐ the owner of the small business concern identified below:  
☐ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN \_\_\_\_\_  
 ADDRESS OF CONCERN \_\_\_\_\_

and that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of the Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

**(d) Non-Profit Organization**

- ☐ an official empowered to act on behalf of the non-profit organization identified below:

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS OF ORGANIZATION \_\_\_\_\_

**TYPE OF ORGANIZATION**

- ☐ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
- ☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) AND 501(c)(3))
- ☐ NON-PROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA  
(NAME OF STATE \_\_\_\_\_)  
(CITATION OF STATUTE \_\_\_\_\_)
- ☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(A) AND 501(C)(3)) IF LOCATED IN THE UNITED STATES OF AMERICA
- ☐ WOULD QUALIFY AS NON-PROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA  
(NAME OF STATE \_\_\_\_\_)  
(CITATION OF STATUTE \_\_\_\_\_)

and that the non-profit organization identified above qualifies as a non-profit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code.

**II. OWNERSHIP OF INVENTION BY DECLARANT**

I hereby declare that rights under contract or law remain with and/or have been conveyed to the above identified

☐ person  
(item (a) or (b) above)

☐ concern  
(item (c) above)

☐ organization  
(item (d) above)

EXCEPT, that if the rights held are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held (1) by any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, (2) any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or (3) a non-profit organization under 37 CFR 1.9(e).

- ☐ no such person, concern, or organization
- ☐ person, concerns or organizations listed below\*

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities.  
(37 CFR 1.27)

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ INDIVIDUAL☐ SMALL BUSINESS CONCERN ☐ NON-PROFIT ORGANIZATION

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ INDIVIDUAL☐ SMALL BUSINESS CONCERN ☐ NON-PROFIT ORGANIZATION

**III. ACKNOWLEDGMENT OF DUTY TO NOTIFY PTO OR STATUS CHANGE**

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

**IV. DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing hereon, or any patent to which this verified statement is directed.

**V. SIGNATURES COMPLETE ONLY (e) or (f) BELOW****(e)****NOTE:** All inventors must sign the verified statementPeter Alan Smith

Name of Inventor

Pete Smith

Signature of Inventor

14/8/2000

Date

\_\_\_\_\_  
Name of Inventor\_\_\_\_\_  
Signature of Inventor\_\_\_\_\_  
Date\_\_\_\_\_  
Name of Inventor\_\_\_\_\_  
Signature of Inventor\_\_\_\_\_  
Date

or

**(f)****NOTE:** The title of the person signing on behalf of a concern or non-profit organization should be specified.

NAME OF PERSON SIGNING \_\_\_\_\_

TITLE OF PERSON \_\_\_\_\_

(if signing on behalf of a concern or non-profit organization)

ADDRESS OF PERSON SIGNING \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_